



** MANUFACTURER JOB REQUEST **

Manufacturers Name _____ Rep. Name _____
Date _____

TYPE OF INPUT		NO. OF FORMS
Heavy-Duty		
Compression Ignition		
Family	year _____	_____
Test	year _____	_____
Spark Ignition		
Family	year _____	_____
Test	year _____	_____
40 CFR 86.090-1 (b) Option		
Family	year _____	_____
Test	year _____	_____
Heavy-Duty Vehicle (Evaporative)		
Family	year _____	_____
Test	year _____	_____
Motorcycle		
Family	year _____	_____
Test	year _____	_____

COMMENTS: _____

FOR COMPUTER OPERATIONS USE ONLY

COMPLETED: DATE/TIME: _____ INIT. _____

COMMENTS: _____

REV: 11/14/90

